

NATIONAL Assessment Centre Services

(wef 1 Jan'05)

508921760004

Date In: 06/07/2011 12:23	Job description	Date & Time Completed	Done by
Ref No: N/A/CII2007365/Y	SAS e-filing		
Veh No: 4B9/1146X	E-mail (within 8hrs, AIC 2hrs)		
D.O.A: 05/07/2011 10:00	i-Motor Claim Form		
OD TP: Reporting Only	i-Motor W/O (Within: OD 2hrs, TP 4hrs)		
	i-Photo Uploaded		
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand to Owner/Wksp		

Preferred Wksp / INC Assign Wksp / QW: (

Tel:

Fax:

TP Particulars:

Veh No:

SMA 7986A

INC () / Non-INC ()

Owner / Driver: (

Tel:

Policy No: (

Period: (

Cover Type: (

Confirmed by: (

Date:

Time:

Insured/Driver Liability: () % [Note-Est. Status (WO): N: 0-20%; P: 21-79%. P: 80-100%]

Year of Registration: () Warranty: YES () / NO ()

Excess: (\$) Loading: \$1,000 () / \$2,000 ()

General Remarks:

() Walk-In Customer: Customer's Information strictly Confidential & Strictly NO refer of repairer.

() Total Loss Case: to e-mail Insurer URGENTLY.

Drive-In () / Towed-In (); Invoice: YES () / NO (); Towing Co: ()

Remarks:

(INC hotline: 6788 6616)

Date & Time Completed

Done by

1) Apply for Transport Allowance () / Courtesy Car ()

2) QC Check / Post Repair Inspection ()

3) Upload Resurvey Photo [Repair Cost > \$3000] ()

Injury:

Date/Time	Actions

N/A 2103268

Invoice Preparation Checklist

Am't (\$)
Inc Bill

Am't (\$)
Add Bill

Insured's Particulars:

Driver/Owner:

Contact No:

Damaged Portion:

C. Checked by (Engr-In-Charge):

Insurers' Comments:

1.1:

1.2 / 3:

1) AR: Accident Reporting (\$30);		
2) DA: Damage Assessment (\$100); INC (\$80)		
3) TF: Towing Fee \$40/\$45		
4) FT: Follow-Through Survey \$120		
5) FT: Follow-Through Survey (Resurvey) \$30		
For claiming against INC Only (wef 10 Jan 2005)		
6) TR: Re-inspection \$75		
7) N1: Idac DA + SMRT Survey \$160		
8) NTUC Additional Services:-		
ON*		
*N5: Courtesy Car / Tpt Allowance \$5		
*N6: Repair Co-ordination \$10		
*N7: Post Repair Inspection \$25		
*N8: DV / Collect Excess Coordination \$5		
TP (N11): TP (N/A INC) against INC \$20		
9) N12: Idac Mobile \$30		
Invoice dated	Fee Charged	
Invoice dated	Fee Charged	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	06/07/2021 12:23 (SGT)
Date of Accident	05/07/2021 10:00 (SGT)
Exact Location of Accident	Serangoon North Ave 6, Singapore
Additional Location Information	TRAFFIC JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG1146X
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	BEST DOOR PTE LTD
Company Reg No	AXXXXXX910G
Email Address	bestdoor@streamyx.com
Mobile Phone No	(Phone) +65-83428925
Alternative Phone No	(Office) +65-67429513

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	1598

INSURANCE COMPANY

Name of Insurance Company	China Taiping Insurance (Singapore) Pte. Ltd.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMCVSNW00048042100
Cover Note Number	-

DRIVER

Name of Driver	ALAGAR SENTHI
Passport No/FIN	FXXXX090U



Date Of Birth	05/01/1976
Occupation	Outdoor
Date Of Driving Pass	02/11/2009
Driving experience	11 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83428925
Alt. Phone Number	-
Email Address	bestdoor@streamyx.com
Address	BLK 1079 EUNOS AVENUE 7#01-169
Address complement	-
Postcode	409582
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMA7986A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	LIM GEOK SIONG
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLANIMPORTANT NOTICE

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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



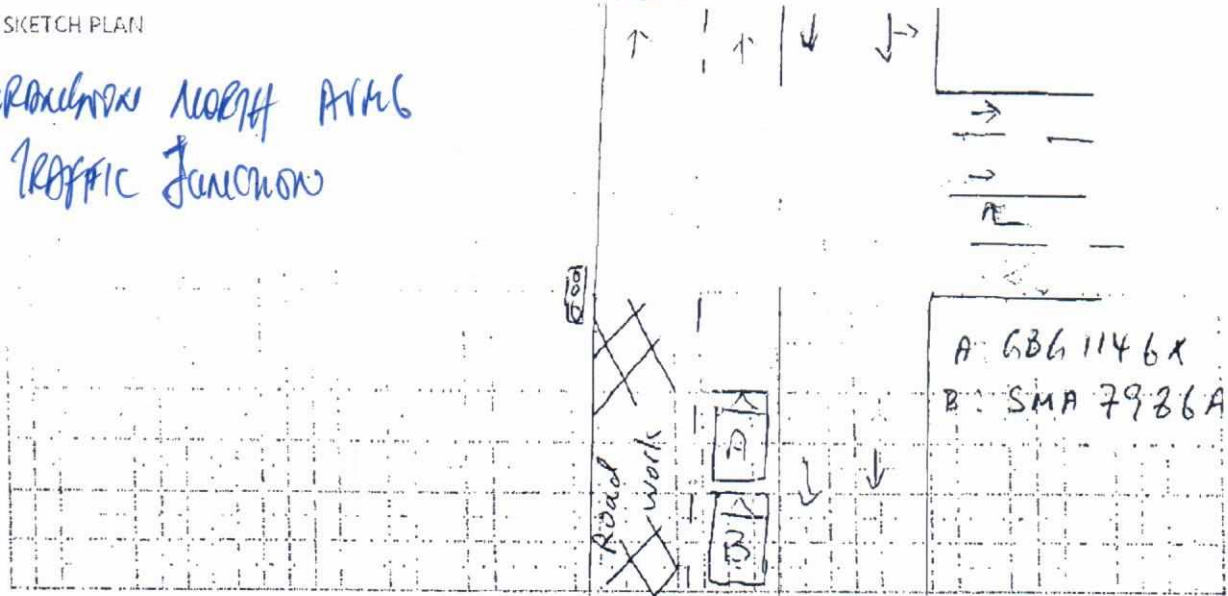
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Serangoon North Ave 6
Traffic Junction



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 05/07/21 @ around 10am I was driving along Serangoon North Ave 5 toward Serangoon North Ave 6 while I was driving slowly toward the junction suddenly a vehicle SMA7986A bent on my vehicle GB61146X rear part.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



06/07/2021
Rosa Wai Ho

VEHICLE NO: GBG 1146XMAKE & MODEL: NV 200

AUTO / MANUAL

DATE OF ACCIDENT	<u>5 / 7 / 2001</u>	*C.C.
TIME OF ACCIDENT	<u>10.00</u> (AM) / PM	
LOCATION OF ACCIDENT	<u>Serangoon North Ave 6 Traffic Junction</u>	
EXACT PURPOSE USED AT TIME OF ACCIDENT	<u>(EMPLOYMENT) / PRIVATE USE / PRIVATE HIRE</u>	
NAME OF OWNER	<u>Best door Pte Ltd</u> Email: <u>bestdoor@streamyx.com</u>	
TELF NO	Mobile:	Office: <u>67429513</u> Home:
NRIC	<u>A201101910G</u>	
CLAIM TYPE	<u>OD / (THIRD PARTY) / REPORTING ONLY</u>	
FLEET POLICY:	<u>YES / (NO) ?</u>	
INSURANCE CO.	<u>China Taiping Insurance</u>	
TYPE OF COVERAGE	<u>(Comprehensive) / Third Party / Third Party Fire & Theft</u>	
POLICY NO.	<u>DMCVSNW00048042100</u>	
NAME OF DRIVER	<u>AS ABOVE / IF NO: ALAGAR SENTHI</u>	
NRIC	<u>F8049090U</u>	
DATE OF BIRTH	<u>5 / 1 / 1976</u>	
ANY PASSENGER	<u>(YES) / NO: ?</u>	
NAME OF PASSENGER		
GENDER OF PASSENGER	<u>(MALE) / FEMALE</u>	
OCCUPATION	<u>(Outdoor) / Indoor</u>	
DATE OF DRIVING PASS	<u>2 / 11 / 2009</u>	
GENDER	<u>(Male) / Female</u>	
CONTACT NO.	Mobile: <u>83428925</u>	Office: Home:
EMAIL		
ADDRESS	<u>BLK 1079 Eunos Ave 7 #01-169 Spore 409552</u>	
DOES DRIVER OWN OTHER VEHICLES?	<u>NO / If yes, Reg No. INSURER:</u>	
RELATIONSHIP	<u>(Employee) / If No,</u>	
WEATHER CONDITION	<u>(Clear) / Raining / Other,</u>	
ROAD SURFACE	<u>(Dry) / Wet / Other,</u>	
ANY INJURIES	<u>(No) / If yes, Who?</u>	
CONTACT NO.		
POLICE REPORT	<u>(No) / If yes, Where?</u>	
NOTICE OF INTENDED PROSECUTION GIVEN?	<u>(NO) / IF YES, WHO?</u>	
VEHICLE B NO.	<u>SMA 798GA</u> Any Passenger, <u>NIL</u>	
NAME	<u>LIM GEOK SIONG</u>	
CONTACT NO.		
VEHICLE C NO.	Any Passenger,	
VEHICLE D NO.	Any Passenger,	
VEHICLE E NO.	Any Passenger,	
VEHICLE F NO.	Any Passenger,	
ANY WITNESS		
WITNESS CONTACT NO.		
WAS THERE ANY VIDEO CAPTURE?	YES / NO	
WAS THERE ANY AUDIO RECORDED?	YES / NO	
SCENE ACCIDENT PHOTOS TAKEN?	YES / NO	
Have you been approach by unknown person soliciting (s) / offering accident claims assistance?		
YES / NO		

Fax: 67476918, 67489386
 email: phbms@yahoo.com



中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD

Motor Commercial

MZ300/C

N SN

AN0586A

Cov. Type: C

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1950
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE No.

DMCVSNW00048042100

Engine No.: K9KC400D056674

Cha. No.: VSKYBAM2020143246

1. Index Mark and Registration
Number of Vehicle

GBG1146X

AUTOSAFE

2. Name of Policy Holder

BEST DOOR PTE LTD

3. Effective date of the Commencement of
Insurance for the purposes of the Regulations,
Ordinance or Enactment

31/05/2021
(00:00:00)

Excess Sect I. S\$450.00
EX ON WINDSCREEN S\$100.00

4. Date of Expiry of Insurance

30/05/2022

5. Persons or Classes of Persons entitled to drive*

Any person who is driving on the Policyholder's order or with their permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to use.*

- (1) Use in connection with the Policyholder's business.
- (2) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- (3) Use for social, domestic or pleasure purposes.

The Policy does not cover

- (1) Use for hire or reward or racing, pace-making, reliability trial or speed testing.
- (2) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

HIRE PURCHASE CO.: UNITED OVERSEAS BANK LIMITED

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (Malaysia), are not to be included under these headings.

I/We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Please see reverse

For CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Issued By: GENERAL INSURANCE AGENCY PTE LTD
Authorised Officer

Authorised Signatory

China Taiping Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200208384E)
3 Anson Road #16-00 Springleaf Tower Singapore 079909

☎ 6389 6111

☎ 6222 1033

🌐 www.sg.cntaiping.com